

ALLAN H. KITTLEMAN
County Executive



GARY L. GARDNER
Chief of Police

HOWARD COUNTY DEPARTMENT OF POLICE
3410 Court House Drive, Ellicott City, Maryland 21043

HOWARD COUNTY POLICE DEPARTMENT **YOUTH ADVISORY COUNCIL**

2017-2018 Membership Application

What is the Youth Advisory Council?

The Howard County Police Department Youth Advisory Council was established in order to provide Howard County youth with a safe and engaging environment to interact with their local law enforcement agency. The group has three primary objectives; learning about law enforcement; engaging in substantive conversations with law enforcement; and providing feedback and ideas aimed at enhancing police/youth relations to the Howard County Chief of Police. Members will meet once a month with ranking members of the department to have these open discussions.

Who can join?

- ❖ Howard County residents in 8th through 12th grade

Benefits of joining

- ❖ Earn student service hours
- ❖ Advise the Chief of Police on youth concerns and other issues
- ❖ Be a positive agent of change in your community, school, or place of worship
- ❖ Attend free educational and social field trips
- ❖ Gain and strengthen life skills such as leadership, public speaking, and social skills
- ❖ Receive a meal during each meeting

How to apply

The membership application is available online at www.hcpd.org under "Youth Programs," or by calling 410-313-2207 or emailing HCPD-YAC@howardcountymd.gov. Applications are also available by contacting the School Resource Officer in each public high school, or the HCPD Youth Liaison at 410-313-0275.

Questions should be directed to PFC W. Harris, HCPD Youth Liaison, at 410-313-0275.

HOWARD COUNTY POLICE YOUTH ADVISORY COUNCIL

2017-2018 Membership Application

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Cell Phone:

Current address:

City:

State:

ZIP Code:

Driver's License or State issued ID card number:

License State/Country:

Name of School:

Current Grade:

OPTIONAL

Gender: Male ☐ Female ☐

Race/Ethnicity: White (Non-Hispanic) ☐ Black/African American (Non-Hispanic) ☐ American Indian or Alaska Native ☐

Asian ☐ Hispanic ☐ Native Hawaiian or other Pacific Islander ☐ Other ☐ _____

PARENT/GUARDIAN (IF UNDER 18 YEARS OLD)

Name:

Current address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Relationship:

QUESTIONS

(PLEASE ANSWER IN NO MORE THAN 150 WORDS)

1.) Please describe any current youth organizations and/or other out-of-school commitments, including extracurricular activities:

2.) Please list any previous volunteer experience or leadership roles you have had in your school or community:

3.) Briefly explain why you would like to participate in the Youth Advisory Council:

4.) If you could make one change in your community, what would it be?	
5.) What problems or issues currently facing your community or the country are most important to you?	
6.) Being a member of the Youth Advisory Council requires attendance to monthly meetings. Do you have the ability to commit to this activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.) Meetings will take place at HCC. Will transportation be an issue for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, briefly explain why.
Please attach one <u>LETTER OF SUPPORT</u> - (teacher, coach, pastor, advisor, professor, principal, etc.)	
<i>SIGNATURES/CONSENT TO BACKGROUND CHECK</i>	
<p><i>Applicant over 18:</i> I, _____, hereby authorize the Howard County Police Department to investigate my background, for purposes of evaluating whether I am qualified for the position for which I am applying and truthful in my application. I understand information gathered during the background check will remain confidential.</p> <p style="text-align: center;">or</p> <p><i>Applicant under 18:</i> I hereby authorize the Howard County Police Department to investigate my child, _____'s background, for purposes of evaluating whether he/she is qualified for the position for which he/she is applying and truthful in his/her application. I understand information gathered during the background check will remain confidential.</p>	
Signature of applicant (required):	Date:
Signature of Parent/Guardian (required if under 18):	Date:

If you require additional space to complete any of the above questions, please attach a page and indicate which number question you are continuing. Please make sure that your name is on each additional page.

Thank you for your time and interest!

APPLICATIONS CAN BE RECEIVED BY:

Email: HCPD-YAC@howardcountymd.gov

Mail or hand-deliver to:

Howard County Police Department-Community Outreach Section
10741 Little Patuxent Pkwy
Columbia, MD 21044

ATTN: Youth Advisory Council